

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN**

Scott Sedore #210661

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v. *Wyckoff*

- 1) Nigel [REDACTED] (RN)
- 2) Sireenna Landfair (RN)
- 3) Brian Stricklin (RN)
- 4) Unknown Roach (RN)
- 5) Jane/John Does - "JCF" healthcare staff (#1-#3)
- 6) Michigan Department of Corrections ("M.D.O.C.")

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case: 2:21-cv-12809
 Judge: Steeh, George Caram
 MJ: Patti, Anthony P.
 Filed: 11-24-2021 At 02:38 PM
 PRIS SCOTT SEDORE V NIGEL WYCKOFF ET AL (SS)

Jury Trial: Yes No
(check one)

**Complaint for Violation of Civil Rights
(Prisoner Complaint)**

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Scott Sedore # 210661

All other names by which you have been known:

N/A

ID Number

210661 Current InstitutionG. Robert Cotton Correctional facility Address3500 North Elm RoadJackson, Michigan - 49201**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

 Defendant No. 1

Name

Nigel Wyckoff (RN)Job or Title
(if known)Registered Nurse

Shield Number

N/A

Employer

Michigan Dept. of CorrectionsAddress G. Robert Cotton Correctional facility-3500 N, Elm Road
Jackson, Michigan - 49201 Individual capacity Official capacity

X Defendant No. 2

Name Sireenna Landfair (RN)
 Job or Title (if known) Health unit Manager ("H.U.M.")
 Shield Number N/A
 Employer Michigan Dept. of Corrections
 Address G. Robert Cotton Correctional facility - 3500 N. Elm Road
Jackson, Michigan - 49201

 Individual capacity Official capacity

X Defendant No. 3

Name Brian Stricklin (RN)
 Job or Title (if known) Nursing Supervisor
 Shield Number N/A
 Employer Michigan Dept. of Corrections
 Address G. Robert Cotton Correctional facility - 3500 N. Elm Road
Jackson, Michigan - 49201

 Individual capacity Official capacity

X Defendant No. 4

Name unknown Roach (RN) - 1st name unknown!
 Job or Title (if known) Registered Nurse
 Shield Number N/A
 Employer Michigan Dept. of Corrections
 Address G. Robert Cotton Correctional facility - 3500 N. Elm Road
Jackson, Michigan - 49201

 Individual capacity Official capacity

* Defendant's continued: "Extra Page"

Defendant No. 5

name: Jane / John Does (#1 - #3)
Job or Title: "JCF" Healthcare staff
Shield number: N/A
Employer: Michigan Dept. of Corrections
Address: G, Robert Cotton Correctional facility
3500 N, Elm Road - Jackson, Michigan - 49201
 Individual Capacity official Capacity

Defendant No. 6

name: Michigan Department of correction's ("M.D.O.C.")
Job or Title: State Prison system (Michigan)
Shield number: N/A
Employer: Michigan Department of correction's ("M.D.O.C.") - state of Michigan
Address: G, Robert Cotton Correctional facility
3500 N, Elm Road - Jackson, Michigan - 49201
 Individual Capacity official Capacity

Defendant No. 7

Name:
Job or Title:
Shield number:
Employer:
Address:

Individual Capacity official Capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

- (1) violations of the 8th Amendment to the U.S. constitution
- "Deliberate Indifference" to my serious medical needs
(2) violations of Title II of the Americans with Disabilities Act.
(3) violations of the Rehabilitation Act.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Defendants Acted under color of state law! Defendants all worked in a michigan Department of correction's penitentiary. They are required under state and federal laws to not only protect the safety and security of the General Public-But they are required to work and Act and follow and Execute michigan state Law's and U.S. federal Law's.

They are required to protect my state and federal/civil rights. They treated me "Inhumanely", they violated my state and federal civil rights law's.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

(Please refer to attached statement of claim)

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

6, Robert Cotton Correctional Facility ("JCF")
3500 North Elm Road
Jackson, Michigan
49201

(*) please refer to attached "statement of facts/claims" for
Details of Alleged violations of U.S. civil rights, Title II
of the Americans w/Disabilities and Rehabilitation Act.

(*) Between 7/24/19 - present

- C. What date and approximate time did the events giving rise to your claim(s) occur?

(*) Between 7/24/19 - present

(*) Please refer to attached "statement of facts/claims" for specific dates/times, etc...

(*) some outside of the above stated Dates

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- D. What are the facts underlying your claim(s)? (*For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

(*) Please refer to attached "statement of facts/claims"

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries **and** state what medical treatment, if any, you required and did or did not receive.

(*) please refer to attached "statement of facts/claims"

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

(*) please refer to the last page of my handwritten "statement of facts/claims" to the page that says at the top of the page "Relief Sought"!

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes
 No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*G. Robert Cotton Correctional Facility ("JCF")
3500 North Elm Road
Jackson, Michigan
49201*

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes
 No
 Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes
 No
 Do not know

If yes, which claim(s)? *All of my claims outlined all of my grievances at step #1, step #2, step #3 Appeal.*

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

- Yes
 No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

- Yes
 No

N/A

E. If you did file a grievance:

1. Where did you file the grievance?

6. Robert Cotton Correctional facility ("JCF")
3500 North Elm Road
Jackson, Michigan
49201

2. What did you claim in your grievance?

- violations of the 8th Amendment ("Deliberate Indifference")
- violations of Title II of the American with Disabilities Act
- violations of the Rehabilitation Act

3. What was the result, if any? none of my issues were resolved

- some grievances were "rejected"
- some grievances were "denied"
- The M.D.o.c. and other defendants never offer any legitimate resolution.

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (*Describe all efforts to appeal to the highest level of the grievance process.*)

I completed the grievance process thru all "3" steps of the M.D.O.C. grievance process, I have exhausted any/all "available" Administrative Remedies.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? *There are additional facts involved in this lawsuit.*
- Yes *Also, there are other lawsuits - but they had different defendants, different instances, periods of times, different facilities/prisons*
- No
- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) Scott Sedore #210661

Defendant(s) Duncan MacLaren

2. Court (if federal court, name the district; if state court, name the county and State)

Western District Federal Court (Northern Division)

3. Docket or index number

2117-CV-7

4. Name of Judge assigned to your case

Janet Neff

5. Approximate date of filing lawsuit

January, 2017 (approximately)

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition. 2020

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

- The case was dismissed at 2nd summary judgement,
- The case then went to the 6th circuit court of Appeals, 2019,
- Appeal Denied.

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes

No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Scott Sedore #210661

Defendant(s) Michael Warner

2. Court (if federal court, name the district; if state court, name the county and State)

Eastern District federal court

3. Docket or index number

4-19 - CL - 10259

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4. Name of Judge assigned to your case

Matthew F. Letzman

5. Approximate date of filing lawsuit

January, 2019

- (X) 6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition. Settlement reached - June, 2021

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Lawyer appointed by court - Daniel Manville

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

(X) A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: December 1st, 2021.

Signature of Plaintiff

Scott Sedore # 210661

Printed Name of Plaintiff

Scott Sedore # 210661

Prison Identification #

210661

Prison Address

G. Robert Cotton Correctional facility - 3500 North Elm Road

Jackson, Michigan - 49201

City

State

Zip Code

VIII. Previous Lawsuits - continued....

① Plaintiff: Scott Sedore #210661

Defendant: Sherman Campbell, et al.

Court: Eastern District federal Court

Docket or Index number: 2:19-cv-10311

Name of Judge assigned: Stephanie Dawkins Davis

Is case still pending? yes Date filed: January, 2019

② Plaintiff: Scott Sedore #210661

Defendant: Sherry Burt, et al.

Court: western District federal court (southern Division)

Docket or Index number: 1:16-cv-903

Name of judge Assigned: Paul L. Maloney

Is case still pending? no, dismissed at 2nd summary
judgement, 2019!

③ Plaintiff: Scott Sedore #210661

Defendant: Noah Nagy, et al.

Court: western District federal court (southern Division)

Docket or Index number: 1:19-cv-61

Name of Judge Assigned: Robert J. Jonker

Is case still pending? no, dismissed at summary
judgement, 11/11/2021 "for lack of prosecution"

VIII. Previous Lawsuits Continued . . .

④ Plaintiff: Scott Sedore #210661

Defendant: Corizon Health Inc., ET AL.

Court: Eastern District Federal Court

Docket or Index number: 21-21-CV-11643

Name of Judge Assigned: Stephen J. Murphy J III

Is case still Pending? yes

Date filed? ^{on or around} June, 2021!

⑤ Plaintiff: Scott Sedore #210661

Defendant: Sireenna Landfair, et al.

Court: Eastern District Federal Court

Docket or Index number: #21-12623

Name of Judge Assigned:

Is case still Pending? yes

Date filed? ^{on or around} 11/1/2021

⑥ Plaintiff: Scott Sedore #210661

Nigel Wyckoff

Defendant: [REDACTED], et al.

Court: Eastern District Federal Court

Docket or Index number:

Name of Judge Assigned:

Is case still Pending? yes

Date filed? ^{on or around} 12/1/2021

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Additional Information:

Scott Sedore #210661

VS.

Nigel Wyckoff, et al.

"Defendant's in Lawsuit"

- 1) Nigel Wyckoff (RN)
- 2) Sireenna Landfair (RN)
- 3) Brian Stricklin (RN)
- 4) unknown Roach (RN)
- 5) Jane | John Does - "JCF" Health care Staff (#1 - #3)
- 6) michigan Department of Correction's ("M.D.O.C.")

①

"Statement of Claim's"

This Lawsuit is about medical treatment that I requested repeatedly between July, 2021 and September, 2021. This regarding my reported medical problems, regarding my right Ear. This is still an "ongoing" case of neglect, mistreatment, Inhumane treatment, I have not yet received necessary medical treatment and requested "Audiology" testing regarding my reported Hearing Loss because of the Infection in my Right Ear. All Defendants in this Lawsuit "Acted under Color of state Law" at all relevant times related to this Lawsuit.

I have suffered debilitating "physical pain" and "Hearing Loss" because of defendant's "deliberate Indifference" to my serious medical needs, my "claims" in this Lawsuit are "deliberate Indifference" and violations of Title II of the American's w/ disabilities and Rehabilitation Acts.

on or around July 1st, 2021 - I started having pain and other symptoms in my right side of my head. This pain radiated from my right side head, jaw, throat, neck. I was experiencing increasing "pain" in my right side ear. I started to have "ringing" in my right side ear frequently, my ear felt like it was "plugged". I was experiencing significant symptoms and "hearing loss", I could not sleep at all because of pain in my head, ear, neck, throat.

- ① on July 3rd I sent a Healthcare request form. I marked the "urgent" box on the kite, and wrote "urgent" at the top of the kite. I received no kite response from G. Robert Cotton Corr. facility ("JCF") Healthcare staff. I was not called over to "JCF" Health services to be examined, assessed.
- ② on July 5th I sent another Healthcare request form. I marked the "urgent" box on the kite, and wrote "urgent" at the top of the kite. I received no kite response from "JCF" Healthcare staff. I was not called over to "JCF" Health services to be examined, assessed.
- ③ on July 6th I sent another Healthcare request form. I marked the "urgent" box on the kite, and wrote "urgent" - Dr Victoria Hallett & H.u.Mr-Sirena Landfair at the top of the kite. I received a "kite" response dated 7/7/2021, from "JCF" Nurse - Nigel Wycoff (RN) that stated: "Nursing Sick call, scheduled". Despite the date of the response, I did not receive this kite response until 7/12/2021. I did not receive any nurse call-out until 7/14/2021, my first Healthcare kite that I sent requesting "urgent" services was on 7/3/2021. I was in pain this whole time, I was losing my hearing also. I suffered 24/7. This caused me much physical, emotional, mental pain and anguish during the "delay" in receiving nurse visit on 7/14/2021.

(2)

- (4) On July 7th me and my "Aide" - Khalil chahine #534769 both spoke to B-unit Housing Custody officer Mask @ around 7:00 A.M. - requesting he follow "M.O.O.C." P003,04,100 (xx.) - "Request's for urgent / emergent Health services", officer Mask called Healthcare services and spoke to Nurse Lantis on the phone, telling her I was in pain and needed "urgent" Healthcare services, nurse Lantis told officer Mask that she spoke to Nurse Roach (RN) - and that they would call me over to Healthcare Services later in the day on 7/7/2021 to be seen and assessed, That never happened, I never got called over to Healthcare Services until a 7/14/2021 routine nurse sick call - callout, I was in "pain" and in the process of loosing my "Hearing" in my right ear, Talk about neglect, mistreatment, Inhumane treatment.
- (5) on July 8th I sent another Healthcare request form, I marked the "urgent" Box on the kite, and wrote "urgent" - H.U.M. Landfair / Dr Hallett at the top of the kite, I received no kite response from "JCF" Healthcare staff, I was not called over to "JCF" Health services to be examined, jassessed.
- (6) on July 8th I was "mistakenly" called over to "JCF" Health services to be "swabbed", I spoke directly to Nurse Lantis in the nurses station, telling her I was in pain and loosing my Hearing - that I had not been seen by any nurse despite my multiple kites, and officer Mask talking to her on the phone on 7/7/2021 (yesterday) asking for "urgent" Healthcare services, my "Aide" Khalil chahine #534769 was present in the nursing station, He heard the whole conversation, Nurse Lantis hollered across room - across hallway to nurse Roach (RN) again telling her that I needed to see a nurse that I was in Pain and experiencing Hearing loss, I ended up having to leave Healthcare services without being assessed for my pain and hearing loss, nurse Roach did not see me, I heard Nurse Lantis asking her to see me though, and about my pain and Symptoni's, Nurse Roach (RN) was "deliberately Indifferent" to my need's.
- (7) on July 11th I sent another kite, Healthcare request form, I marked the "urgent" Box on the kite, and wrote "urgent" at the top of the kite, I received a kite response dated 7/11/2021 from Nursing Supervisor Brian stricklin (RN), The response said Nurse visit scheduled.

(3)

Again, I did not receive any nurse appointment until 7/14/2021.

(8) on July 12 I had an "offsite" Cardiology appt! we are required to go to "JCF" Health services to have our vital signs taken and be assessed for active covid-19 symptoms. Again, I spoke to Nurse Lantis in the Nurses station, I pleaded with her, I told her of my multituded of attempts to receive assessment and necessary medical care related to my "ongoing" pain and symptoms with my right ear, nothing was done at that point, I left to go on my "offsite" appt.! When I returned to "JCF" after my offsite appt., I reported to "JCF" Healthcare Services to have my vital sign's taken! Nurse Roach saw me and took my vital sign's, she refused to assess my pain and symptoms in my ear, neck, throat at that time, telling me that she would make sure I am called back out to be assessed when staff had time. That never happened. It is a recurring theme at "JCF."

(9) on July 14th I finally had a nurse appt. ! I think I was seen by one of the "JCF" nursing supervisor's - J. Czarnowski (RN) ! He basically looked in my ears, told me I had wax build-up, gave me some mineral oil to put in my ear's, I stressed to him the pain and hearing loss I was experiencing, no further assessment or treatment was offered or given on 7/14/21.

(10) on or around July 22nd I had a nurse appt. to have my ear's irrigated/cleaned. A substantial amount of earwax was removed by nurse Alinda Florek (RN), I again stressed the pain and other symptom's, such as, hearing loss that I was having, nurse florek (RN) simply dismissed my claim's as being a result of wax buildup, no Doctor appt. referral or appointment was scheduled despite my concern's and complaints.

(11) as my grievance went thru the MIO.CI grievance process, I received my Step #2 Appeal response on 9/2/2021, This relates to grievance # JCF/2107/1127/12E1 ! The Step#2 respondent

(4)

acknowledged that I should have received a nursing evaluation and assessment at an "earlier date". All staff have a "Duty" to provide "Timely" medical care. That was not the case what so ever in this instance. Also, the step #2 respondent noted that I had complained of "Hearing Loss", and requested "Audiology" testing be done to assess any Damage or Hearing Loss as a result of this infection. The respondent basically told/ordered "JCF" Healthcare staff to schedule me a medical provider (Doctor) appt. to be assessed. The response to my step #2 Appeal was dated 8/31/2021.

(12) on September 3rd I had an appointment with Dr Robert Lacy (DO) in "JCF" Healthservices. This appt. was a direct result of step #2 Appeal respondent - Patricia Lamb (RN) basically ordering "JCF" Healthcare staff they had to see me. nobody in "JCF" Healthcare staff did anything on there own to lift a finger to help me or provide necessary medical treatment for the prior 2-months, between my first Healthcare kite on 7/3/2021, until I finally saw Dr Lacy on 9/3/2021.

Dr Lacy looked in my ear's, he said I had "Inflammation" behind Ear drum, so he prescribed prescription "Ear Drops" to treat that tissue. He stated that he thought I had went thru a severe "Ear Infection". I told him about the pain, the symptoms, and the "Hearing Loss" complaints. I asked him "please refer me for "Audiology" testing to assess Damage to my right ear and Hearing Loss."

⑤ Till this day, I have never received any "Audiology" testing. I still have lingering effects of "Hearing Loss" in my right ear as a result of this neglect, mistreatment, Inhumane treatment by all defendants in this Lawsuit.

All defendants in this Lawsuit are guilty of "deliberate Indifference" to my serious medical needs, and violations of Title II of the American's w/ disabilities and Rehabilitation Acts.

Per "M.O.O.C." Policy Directive ("PD") 03.04.100

* Health services Policy Directive (pg #1) "Types of Condition's:

- A) Emergent: A condition that a delay in treatment may result in death or "permanent impairment".
- b) URGENT: A condition that is not likely to cause death or irreparable harm if not treated immediately, However, the condition needs to be treated as soon as possible.
- c) Routine: A condition that requires non-urgent, non-emergent healthcare contact with a prisoner, including screening, chronic disease follow-up, and requests for elective treatment and surgeries,

(*) nurse sick Call appointments would fall under "Routine".

(*) I marked "URGENT" Box and wrote "URGENT" at top of each Kite, my "ongoing" pain and symptom's warranted an "urgent" healthcare encounter / call-out! That never happened at any point.

⑥ M.D.O.C. "PD" 03,04,100 (uu)

- per Healthcare kite request:

"Request's shall be addressed as follow's"

- 1) for condition's that could be "emergent", schedule the prisoner to be seen immediately by an appropriate "QHP";
- 2) for condition's that could be "Urgent", schedule the prisoner to be seen by an appropriate "QHP" no later than the next business day;
- 3) In all other cases provide the prisoner with a "written response" and an appointment, if appropriate, within 5 business days after receipt of the request.

M.D.O.C. "PD" 03,04,100 (xx.)

- "Request's for urgent / emergent Healthservices"

"Any prisoner who believes they have an urgent / emergent health condition may request health services by notifying staff of the problem that they believe requires an "immediate" healthcare visit. The staff person shall contact healthcare services and convey the prisoner's request, regardless of the prisoner's custody status or the time or day of the request." The contact shall be responded to as soon as possible by one or more of the following method's, as determined by the "QHP":

- ① The prisoner shall be allowed to speak directly to the "QHP" by telephone.
- ② The prisoner shall be allowed to go to the Healthservices area,
- ③ The "QHP" shall go to the prisoner's location to conduct an assessment.

*) on 7/7/21 - Both myself and my "Aide" Khalil chahine #534769 spoke to B-unit custody officer Mask, I requested he call Healthservices for "urgent / emergent Healthservices", officer Mask complied and called. He told me and Mrchahine at approximately 8:00 A.M., that he had talked to nurse Lantis, Nurse Lantis spoke to Nurse Roach (RN), and Nurse Lantis told officer Mask that I would be called out later in the day

⑦ to be seen and assessed by Nurse Roach. That call-out never happened. Nurse Roach Never called me out to Health services on 7/17/21 - despite my complaints of an "urgent/emergent" need, because of my complaints of agonizing pain and other symptoms with my Right Ear.

The Michigan Department of correction's has a "Duty" to provide enough staffing of qualified individual's , to provide adequate and timely medical treatment by properly trained individual's in the "M.D.O.C." - Bureau of Healthcare Services department. The "M.D.O.C." and it's employee's have a Social , Moral , and constitutional obligation to provide me with Adequate healthcare treatment. They have failed in every instance related to the facts of this lawsuit.

This Lawsuit is related to the neglect, mistreatment, Inhumane treatment that I received by the defendant's related to my right ear problem. The "M.D.O.C." has policies, procedures, practices in place to ration, limit, delay, deny necessary medical treatment. The defendant's in this Lawsuit are guilty of "deliberate Indifference" and violation's of Title II of the American's w/ disabilities and Rehabilitation Act's. They have caused me Agonizing pain and permanent "Hearing Loss" as a direct result.

- a) - This Lawsuit is about violation's of the 8th Amendment to the U.S. constitution, which ban's cruel and unusual punishment "or" treatment of prisoner's.
- b) - underlying the 8th Amendment is a fundamental premise that prisoner's are not to be treated as less than Human Being's.
- c) - "wrongful Intent" is not a necessary element for an 8th Amendment violation. If the physical pain, emotional and mental Anguish that results is cruel and unusual, it is a violation of the 8th Amendment, regardless of the "Intent or Purpose" of those who inflict it.

(8)

- d) - The following are examples of conduct by prison officials that show more than mere negligence! (1) delaying treatment for non-medical reason's, (2) knowledge of a serious medical need and a failure or refusal to provide care, (3) Grossly Inadequate care, (4) A decision to take an easier but less efficacious course of treatment, (5) medical care that is so cursory as to amount to no treatment at all.
- I argue that the defendant's have been "deliberately Indifferent" under nearly "every" formulation of the standard. The record is replete with evidence to support this conclusion.
- e) - The Legal Hurdle that a prisoner must meet to hold prison officials responsible for his/her action's make it very difficult to "Sue". I must meet the "objective" and "subjective" elements to prove "deliberate Indifference".
- I must prove that the Healthcare worker/official acted knowingly and with deliberate disregard for all standard medical procedures. I am very confident that I can do that in this case/instance.
 - I am not required to do that at this point in this process of litigation, but I am ready, willing, and able to do that in this instance when it is required of me to do so.
- ① The "objective" element is shown/proven by having a serious medical need.
- ② The "subjective" element is shown/proven when officials have shown a willful/reckless disregard for my health and well-being. That the officials acted knowingly and with deliberate disregard for all standard medical procedures.
- The record is replete with evidence that I can prove both the "objective" and "subjective" elements in my claim's of "deliberate Indifference" concerning these defendants and my medical treatment by them.

(9) I would also like to make note of what the Health unit manager's "Duties" are in the execution of her job as "H.U.M." at "JCF". As the Health unit manager ("H.U.M.") at "JCF" - Sienna Landfair is responsible for the efficient and effective management of Healthcare Services within the Ambulatory Healthcare clinic unit. This entails the coordination of all clinical activities, dental, medical, psychological Services, mental health and all ancillary and support services. In addition a "H.U.M." may provide direct care when appropriate. She is responsible for implementation and execution of M.O.O.C. policies, procedures, and practices at G. Robert Cotton Corr facility Healthcare unit.

According to M.O.O.C. - P001,04,110 (pg,2) - "All employee's are to be informed of Department policies, as well as necessary procedure's to carry out those policies."

All Defendant's in this Lawsuit have a "Duty" to Execute and follow all state and federal law's, including civil rights law's. They have a "Duty" to Execute and follow Title II of the American's w/disabilities and Rehabilitation Act's, they have a "Duty" to Execute and follow all "M.O.O.C." policy's, procedure's, employee work rules.

All defendant's in this Lawsuit are guilty of "Deliberate Indifference" to my serious medical need's, and violating Title II of the American's w/disabilities and Rehabilitation Act's.

I swear under Penalty of Perjury that Any / All statements and claims made by me in this Lawsuit are Accurate and Truthful.

Respectfully submitted,

printed name: Scott Sedore #210661

Signed name: Scott Sedore #210661

Date: 12/1/2021

"Relief Sought"

where Plaintiff respectfully prays that this court:

- (A) Declare the Act's and omission's described herein violated plaintiff's rights under the constitution and laws of the United States.
 - (B) Declare that the Michigan Department of Corrections has violated Title II of the American's w/ Disabilities and Rehabilitation Acts.
 - (C) order that the Michigan Department of Corrections stop violating the American's w/ Disabilities and Rehabilitation Acts.
 - (d) order the defendant's to pay a total of \$ 250,000 Compensatory-Damages,
 - (e) order "Each" Defendant (M.D.O.C. Exempt) to pay \$ 250,000 in Punitive Damages.
 - (f) order the defendant's to pay reasonable attorney fees and costs.
 - (g) grant any other just and equitable relief that this court deems necessary.
 - (h) order the defendant's to take the plaintiff to appropriate outside Doctor's/specialist's, for independent examinations, and follow those recommendations for treatment.
 - (i) order the defendant's to "Expedite" any necessary medical treatment that has been delayed for any reason.
 - (j) order the defendant's to take the plaintiff to the offsite/outside specialty Diagnostic testing and medical treatment that prior specialist's have recommended or ordered previously,
 - (k) order the defendant's to take plaintiff to Independent pain management specialist with no ties to the M.D.O.C. or Corizon Health and to follow Any /All recommendations of treatment.
- I swear under penalty of perjury that Any / All statements Above are
Accurate and truthful.

Date: 12/11/2021

Respectfully submitted,
Printed name: Scott Sedore #210661
Signature: Scott Sedore #210661

#210661 (12/11/2021)
Scott Sedore

"Index of Exhibits"

- 1) grievance # JCF/2107/1127/12E1. (5-page's)
- 2) 7/3/21 Healthcare kite, 7/5/21 Healthcare kite, 7/6/21 Healthcare kite,
7/7/21 Healthcare kite Response, 7/8/21 Healthcare kite, 7/11/21 Healthcare kite,
7/11/21 Healthcare kite Response, (7-page's)
- 3) "sworn Affidavit" regarding attempt's to get necessary medical care
for "ongoing" Ear problem's/Infection. (1-page)
- 4) "sworn Affidavit" regarding sending grievance # JCF/2107/1127/12E1
to step #3 Appeal prior to receiving "Grievance Investigation Delay letter."
I sent this out after mail was passed out on 8/16/2021, and I did not
receive a step #2 Appeal response on the 8/16/21 "Due Date", (1-page)
- 5) Disbursement receipt and Account statement that show's \$1,51
U.S. Postage charged to my Inmate Account on 8/17/2021 - when
grievance # JCF/2107/1127/12E1 was sent to Step #3 Appeal. (2-page's)
- 6) "sworn Affidavit" dated 8/31/2021 - regarding me sending a 2nd
Step#3 Appeal on 8/31/2021, via U.S. mail - After I did not receive
any Step#2 Appeal response even after the Step#2 Appeal
extended "Due Date" of 8/30/2021, I did not receive any
Step#2 Appeal response until 9/2/2021 (3-days after the
Step#2 Appeal response "Due Date!") (1-page)

"Exhibit #1"MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94
CSJ-247ADate Received at Step I _____ Grievance Identifier: JCF2107111127112E1

Please be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>Scott Sedore</u>	<u>210661</u>	<u>JCF</u>	<u>B-1</u>	<u>7-3-2021</u> <u>"ongoing"</u>	<u>7/8/2021</u>

What attempt did you make to resolve this issue prior to writing this grievance? On what date? I wrote "2" kites to JCF Healthcare Services on 7/3/21 and 7/5/21. I received no response to my "kites", no treatment, no nurse callout, no doctor cell-out, no resolution offered. This grievance is against involves the wing "Jef" healthcare staff (Jane/John Doe S), Hill, M., Sienna Landfair, Nursing Supervisor, Brian Stricklin, Victoria Hallett, M.D.O.C., Corizon Health Inc.. The names, employers, job titles of the Jane/John Doe S be made known once they are made available to me thru the BHCS. On 7/6/21, I wrote a 3rd kite!
If none, explain why. No response in anyway

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. JCF "Health care staff that I named above e all involved in the issue of this grievance. There are policies, practices, procedures in place by those involved in this let to saturation, right, delay, deny necessary medical treatment. This grievant sought "urgent" medical assessment and treatment but defendant's simply did not take my medical concerns/complaints seriously. They ignored my kites. I received treatment that is tantamount to No treatment at all. They delayed and denied me a necessary assessment and treatment. Time is always a factor when dealing with "urgent" unknown medical issues. Those involved in "Duty" to provide me necessary medical care. A "Duty" to execute and follow M.D.O.C. policies, state and federal right's laws. They failed miserably in my situation/pissue of hand. As a direct result, I triggered and suffered,izing physical pain, emotional and mental anguish as a direct result. This grievance is about "Deliberate Indifference" violation of serious medical issues faced, violation of Title II of the ADA and Rehabilitation Act, violation U.D.O.C. policy directives: P002.03.100, P003.03.130, P003.04.100, P004.06.160! Also - P001.04.110 (pg 2) - employees are to be informed of Department policies, as well as necessary procedures to carry out these policies. They treatment is about more than mere negligence. It is about reckless neglect, mistreatment, Inhumane treatments affected 100% of my life, my ability to get any rest, peace, sleep! also, I have suffered immensely. e issue of this grievance! Let me start off by saying that if i suffer any permanent hearing loss, other medical es as result of this issue - I will hold those responsible accountable in the court, thru litigation. I apted twice, on 7/3/21 and 7/5/21 to resolve this issue. I had developed a "urgent" medical issue w/my right side neck, jaw, head shooting/stabbing pain constantly. I could not get any peace, rest, sleep. I have almost loss complete ty to hear anything out of my right ear. This issue is still currently "ongoing". I have not been assessed by any staff despite my "kites" from 7/3/21 and 7/5/21. This is Inhumane &reckless. Scott Sedore I could permanently eat in my right ear as a result. I don't know if this is a result of an infection? I wrote "URGENT" on my kites, and checked the "URGENT" box on the medical kites, still no Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature

Date

Reviewer's Signature

Date

Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to
Grievant:

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

Step #1 - Extra Page JCF/2107/1127/12E1

Also, on 7/7/2021 @ approximately 7:00 A.M., me and my "Aide" asked Housing unit (B-unit) officer (Officer Mask) if he would contact "JCF" Bureau of Healthcare services staff and/or Dr Victoria Hallett (my assigned medical provider) on my behalf, I followed P003.04.1C0 - request for urgent/emergent "Healthcare services, my "Aide" is prisoner Khalil chahine #5-34769, we asked Officer Mask if he would contact "JCF" Healthcare services - because as we explained to officer mask - I had a serious "ongoing" medical problem for approximately 1-week, that it was progressively getting worse everyday, and I had sent medical kite requests to "JCF" - BHCS" staff on 7/3/21, 7/5/21, 7/6/21. That I had not been called out by Healthcare staff, that I was in pain and other problems related to this medical issue, That I had lost my hearing.

Officer Mask contacted "JCF" - BHCS staff (nurse Landis) and told her of the problem was having, and that I was requesting "urgent" medical services, According to officer Mask nurse Landis stated: I will talk to Nurse Roach (RN), who she was currently working with at the time in "JCF" Healthcare Services, and we will try and fit me in to see a nurse and be assessed / treated, she stated that she would call my Housing unit if and when they had the time to fit me in and see me later today (7/7/21). Officer Mask contacted the BHCS and spoke to / with nurse Landis at approximately 1:40 A.M. on 7/7/21. He never received any call back from any nurse on 7/7/21 to see me.

I was never called over to see a nurse on 7/7/2021 - despite officer Mask's efforts and conversation with nurse Landis, my medical problem continued to fester, causing me to linger in pain and other suffering as a result, allowing my problem to continue to get worse.

Scott Section #210661

(7/7/21)

**MICHIGAN DEPARTMENT OF
CORRECTIONS**

CSJ-247S 3/18/2019

STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

Prisoner Last Name: Sedore	Prisoner #: 210661	Lock/Location: B/1	Grievance #: JCF-21-07-1127-12E1
Prisoner Interviewed: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If "NO", Reason: Prisoner description allowed response from record.	
Extension Granted: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If "YES", Enter End Date: IF "YES", Enter End Date	

COMPLAINT SUMMARY:

Grievant stated he is not getting the proper medical treatment.

INVESTIGATION SUMMARY:

Using Electronic Medical Record to verify claim stated by Grievant, there is two Health care request CHJ-549 on 07/07/2021, 07/11/2021. NOTE response to Health care request was timely and answered appropriately to situation. Please note Grievant has been seen for said issues stated in Grievance and is actively being treated.

APPLICABLE POLICY, PROCEDURE, ETC.:

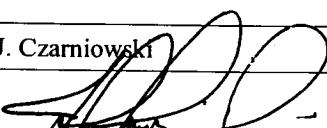
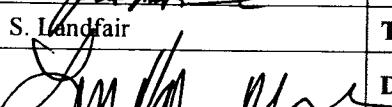
03.04.100

DECISION SUMMARY:

The grievant's claim is that he believes he is not getting the proper medical treatment. Grievant received proper documentation for said issue in grievance, note disagreeing with medical providers decision does not support a denial of care. Note health care used proper guidelines and protocol to complete documentation. Please note on three separate occasions. Grievant is actively being treated for said issue and has been seen by a Medical provider for said issues.
 Per PD 03.04.100 this grievance is denied.

→ I've never been seen on "3" occasion's.

→ That is not true, I've never been seen by any medical provider for this issue,

RESPONDENT NAME: J. Czarniowski	TITLE: ARN13
RESPONDENT SIGNATURE: 	DATE: 07/20/2021
REVIEWER NAME: S. Landfair	TITLE: HUM
REVIEWER SIGNATURE: 	DATE: 07/20/2021

Distribution: Original - Step I Grievance Coordinator Copies - 3 To Grievant (1 Prisoner Copy; 1 for Step II filing; 1 for Step III filing)

Michigan Department of Corrections

JCF-2021-07-1127-12E1

Grievance Step II Response

SEDORE 210661

NOTE: *An extension was requested and granted for this response to appeal.*

Grievant claims that he was denied timely evaluation and treatment re: head/jaw/ear/ throat pain after he reported these symptoms in early July 2021. Grievant states, "I have almost lost complete ability to hear anything out of my right ear." At Step II grievant writes, "I was not ever examined or assessed for this matter until 7/14/2021 – almost 3 weeks after my first kite about this pressing matter that caused me lost rest, sleep, pain, and suffering. I lost my hearing in one of my ears as a result. I am asking to see an ear specialist for Audiology testing to assess hearing loss."

Review of the electronic medical record reveals that a request was received from grievant on 7/7/2021 in which he reported that he had submitted two previous requests on 7/3/21 and 7/5/21 re: an urgent issue. Specifically, grievant reported that he had an ongoing problem with lingering/stabbing/shooting pain in his ear drum, jaw, neck, and head on the right aide. Grievant expressed his concern that he may have "some kind of infection." Nursing responded to this request by advising grievant that he was scheduled for nursing sick call. On 7/11/2021, another request was received re: these symptoms.. Grievant was again advised that a nursing visit had been scheduled. Grievant was seen by nursing staff on 7/11/2021 but it appears to have been a brief encounter scheduled to relay prep instructions for an upcoming procedure. The nurse did note that grievant offered no complaints at that time. Grievant was evaluated by nursing on 7/14/2021 re: his reported symptoms. The nurse noted that grievant reported decreased hearing in his right ear and was concerned about a possible ear infection. Examination revealed no swelling or redness in the ear but a significant amount of ear wax was present. Mineral oil was issued to grievant with instructions for use and an ear irrigation was scheduled. Grievant's ears were irrigated on 7/22/2021 with large return of cerumen (ear wax) bilaterally. The nurse noted that grievant tolerated the procedure well. No subsequent reports of adverse symptoms or reports of hearing loss have been received to date.

While there is no record of the 7/3/2021 and 7/5/2021 requests referenced by grievant, given the symptoms reported in the request received on 7/7/2021, it is acknowledged that earlier nursing evaluation would have been preferred. The nursing visit conducted on 7/14/2021 did produce evidence of excessive cerumen but there is no indication that any acute process was appreciated at that time. Since it is unclear if grievant's reported right hearing loss resolved after irrigation of his ears, JCF Health Care has been instructed to schedule grievant with a medical provider so that this matter may be assessed and addressed if/as indicated. Grievant is encouraged to contact Health Care if he experiencing any acute symptoms pending that appointment.

Grievance partially resolved.

Patricia Lamb, RN, BSN
Respondent Name

Patricia Lamb, RN, BSN
Respondent Signature

August 31, 2021
Date

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
 CSJ-247B

Date Received by Grievance Coordinator
 at Step II: _____

Grievance Identifier: JCF2107 112712 E1

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
 by GC 8-6-21. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>Scott Sedore</u>	<u>210691</u>	"JCF-cotton"	B-1	<u>7-3-2021</u> "ongoing"	<u>7/23/2021</u>

I sent "kites" that were all marked "urgent" on 7/3, 7/5, 7/6, 7/8, 7/11/21, pain made this matter an "urgent" Health services for an unrelated matter, my head, Jaw, ear, throat - stabbing, pounding pain 24/7. Also, on 7/8/21, I was in infection. I still was not assessed for this urgent matter. I have a witness to all my kites and interactions with JCF, I was not ever examined or assessed for this matter until 7/14/21 - almost 2 weeks after my first kite about pressing matter that caused me lost rest, sleep, pain and suffering. I lost my hearing in one of my ears as well, I am asking to see an ear specialist for Audiology testing to assess Hearing loss. In the step #1 once - the respondent states that I have seen a "medical provider" and been treated by them for this matter, is a flat-out Lie, I have not saw any medical provider for this matter period at all.
My claims and issues from my step #1 grievance carry over to Step #2 Appeal, none of my relevant claims or issues were addressed or answered or investigated in any form or manner. The whole M.D.O.C. grievance is nothing more than a "Dog and Pony Show." There is no "available" remedy to exhaust. Also, M.U.M. Landfall is on 7/7/21 - officer mask contacted the BCCS requesting "urgent" medical care named as being involved in step #1
STEP II - Response

Date Received by
 Step II Respondent: _____

Date Returned to
 Grievant: _____

Respondent's Name (Print)

Respondent's Signature

Date

I did not receive any step #2 Appeal response or before the 8/16/2021 response "Due Date" according to M.D.O.C., all claims and issues from my step #1 grievance, Step #2 Appeal are carried over to Step #3 Appeal - because one of my claims and issues were addressed or responded to at step #1 and step #2 Appeal. There is never any relief or resolution offered at any step of the M.D.O.C. grievance process. It is nothing but a "Dog and Pony show," a "charade." There is no "available" Administrative remedy to exhaust, I am not required to exhaust unavailable remedies, please refer to the following to support this claim: (1) Risher v. Lappin, 639 F.3d 236, (2) Boyd v. corr. corp. of Am., 380 F.3d 989, (3) Ross v. Blake, S. Ct. 1850

NOTE: Only a copy of this appeal and the response will be returned to you. The step #2 respondent

STEP III - Director's Response is attached as a separate sheet. requested an extension to respond to my step #2 Appeal. The "Due Date" for this extension to respond at step #2 Appeal was

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant
8/30/2021, I never received any response on or before the 8/30/2021 "Due Date"

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

4835-7549
CHJ-549 11/05

HEALTH CARE REQUEST

*"Urgent"**Exhibit #2*

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: <i>Scott Sedore</i>	FACILITY: JCF	
NUMBER: <i>210661</i>	LOCK: <i>B-1</i>	DATE: <i>7/3/2021</i>

B. This Health Care Request is for the following (check one or more): Health Record Copies
 Dental Medication Refill Medical Optometry Mental Health Non-urgent
 Urgent

C. I have the following problems/symptoms: *I am requesting to see somebody urgently, for the past couple days - I have been having a progressive problem on the right side of my Head. It feels like it is behind my ear canal, something is pushing from inside - out. I have lost almost all "hearing" in my right Ear now, my Jaw is starting to hurt now also, up towards where my ear is at. I experience shooting pain inside my ear canal/ear drum at times, this causes me to have my eyes water - It hurts so bad, I cannot sleep on my right side because my head and ear drum starts pounding in pain,*

D. NOTICE TO PRISONER

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

Signed this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

Please schedule me urgently with a healthcare person, Thank you,

Prisoner Signature: *Scott Sedore*Date: *7/3/2021*

PRISONER: DO NOT WRITE BELOW THIS LINE

E. INSTRUCTIONS TO PRISONER

An appointment has been scheduled for you on: _____ Date: _____

Signature: _____ Title: _____ Provider #: _____ Date: _____

F. COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

- Care that is:
- ◆ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
 - ◆ for injuries that are work-related as documented by the prisoner's work supervisor
 - ◆ requested for testing for HIV, STD's, infestations, or reportable communicable diseases
 - ◆ requested for evaluation, consultation, or treatment of a mental health need
 - ◆ prompted by a medical emergency (see Section I of the policy, if self-inflicted)

I have reviewed the visit of _____ and certify none of these exceptions apply.

Date: _____

Signature: _____ Title: _____ Provider #: _____ Date: _____

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

(Exhibit #2)

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

HEALTH CARE REQUEST**"URGENT"****PRISONER: COMPLETE SECTIONS A THROUGH D**

NAME: Scott Sedore

FACILITY: JCF

NUMBER: 210661

LOCK: B-1

DATE: 7/5/2021

B. This Health Care Request is for the following (check one or more): Health Record Copies Dental Medication Refill Medical Optometry Mental Health Non-urgent Urgent

C. I have the following problems/symptoms: I sent a "Kite" on 7/3/2021 (3 days ago), and I wrote "URGENT" on kite, I marked the "urgent" box, - just as I did on this Kite. I have an urgent/emergent medical issue.
 (+) The right side of my head, jaw, throat & neck is killing me, I have stabbing, shooting pain. I cannot hear at all out of my right side Ear now, I basically am "deaf" as a result, because

D. **NOTICE TO PRISONER** My hearing is impaired as it is - In my other ear, Please call me out to look in my Ear, to see what's causing

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".
 Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

These problems, pain, and causing me to loose my hearing, please call me out to look in my Ear, to see what's causing

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature:

Scott Sedore

Date:

7/5/2021

Thank you!

PRISONER: DO NOT WRITE BELOW THIS LINE**INSTRUCTIONS TO PRISONER**

An appointment has been scheduled for you on: Date:

Signature:

Title:

Provider #:

Date:

COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:

- ◆ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- ◆ for injuries that are work-related as documented by the prisoner's work supervisor
- ◆ requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- ◆ requested for evaluation, consultation, or treatment of a mental health need
- ◆ prompted by a medical emergency (see Section I of the policy, if self-inflicted)

I have reviewed the visit of _____ and certify none of these exceptions apply.

Date

Signature:

Title:

Provider #:

Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

48356549

CHJ-549

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

HEALTH CARE REQUEST "URGENT"-Dr Victoria Hallett, H.U.M., Sittina Lomax**PRISONER: COMPLETE SECTIONS A THROUGH D**

A NAME: Scott Sedore	FACILITY: JCF	
NUMBER: 210661	LOCK: B-1	DATE: 7/6/2021

B. This Health Care Request is for the following (check one or more): Health Record Copies
 Dental Medication Refill Medical Optometry Mental Health Non-urgent
 Urgent

C. I have the following problems/symptoms: *I sent kites on 7/3/21 and 7/5/21. I walked the "URGENT" box at the top of the kite, as I did on this kite. I basically begged and pleaded for assessment and necessary medical treatment for the following "ongoing" problem that is causing me lingering - stabbing, shooting pain in my ear down, jaw, neck, head - on the right side. I cannot get any rest or sleep. I have some kind of infection, I can feel and*
NOTICE TO PRISONER *heat fluid in face, jaw, neck, back of ear, I have almost completely lost "heat", lost all hearing in my right ear as a direct result.*

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

Signed this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

I'm begging JCF Healthcare staff to call me out immediately before I suffer permanent hearing loss because of this, this is agonizing, please help us,
 Prisoner Signature: *Scott Sedore* Date: *7/6/2021* *please!*

I am suffering 24/7,	PRISONER: DO NOT WRITE BELOW THIS LINE	<i>Thank you!</i>
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E INSTRUCTIONS TO PRISONER

An appointment has been scheduled for you on:	Date:
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Signature:	Title:	Provider #:	Date:
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F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:	<ul style="list-style-type: none"> ◆ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) ◆ for injuries that are work-related as documented by the prisoner's work supervisor ◆ requested for testing for HIV, STD's, infestations, or reportable communicable diseases ◆ requested for evaluation, consultation, or treatment of a mental health need ◆ prompted by a medical emergency (see Section I of the policy, if self-inflicted)
<input type="checkbox"/>	I have reviewed the visit of _____ and certify none of these exceptions apply.

Signature:	Title:	Provider #:	Date:
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Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

**Michigan Department of Corrections
Kite Response**

Offender #: 0210661 Offender Name: SEDORE, SCOTT LEE

Location: JCF - G. ROBERT COTTON CORRECTIONAL

Lock: B:01:Bot:L

Discipline: Medical

Received Date: 07/07/2021

Initiated Date: 07/06/2021

Taken By: Wyckoff, Nigel [NW4] RN

Request Type: Medical Question

Request Summary: "I sent kites on 7/03/21 and 7/05/21. I marked the "urgent" box at the top of the kite, as I did this kite. I basically begged and pleaded for assessment and necessary medical treatment for the following "ongoing" problem that is causing me lingering-stabbing, shooting pain in my ear drum, jaw, neck, head- on the right side. I cannot get any rest or sleep. I have some kind of infection, I can feel and hear fluid in face, jaw, neck, back of ear."

Plan/Action: Nursing sick call scheduled.

Comments:

(*) I received this kite response at 5:00pm, on 7/12/2021

(*) I requested "urgent/emergent" Healthcare treatment/services, according to M.D.O.I.C. - P003,04,100

- A Nurse visit is "Routine" Healthcare treatment/services,
- It is sick call.

~~MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care~~

4866-7549
48-549 1/05

~~HEALTH CARE REQUEST "URGENT"~~ = H.U.M. Landfair/DL/HG/

PRISONER: COMPLETE SECTIONS A THROUGH D

NAME: Scott Sedore	FACILITY: JCF	
NUMBER: 2101661	LOCK: B-1	DATE: 7/18/2021

- B. This Health Care Request is for the following (check one or more): Health Record Copies
 Dental Medication Refill Medical Optometry Mental Health

A horizontal row of four icons. From left to right: a blue square labeled 'Non-urgent'; a red circle with a diagonal slash labeled 'Not required'; a green circle with a checkmark labeled 'Urgent'; and a yellow circle with a question mark labeled 'Question'.

I have the following problems/symptoms: I have sent kites, walked "URGENT" on 7/3, 7/5, 7/6, now today about this "urgent" matter, B-unit officer called JCF Healthcare yesterday - because I approached him about "urgent"/emergent medical issues, that continues to get worse. This issue has Robbed me of my hearing in my right Ear. I cannot hear anything out of my right side ear now - I fear it may be permanent now. I hope not.

D NOTICE TO PRISONER I beg you to call me out - Despite my many attempts

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

appeal you may make regarding the Department's decision to charge for the care.
Shooting stabbing pain in my right side ear, jaw, throat, neck, Please help me!
I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is

for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: Scott Sevare Date: 7/8/2021

Prisoner Signature: Scott Sevare Date: 7/8/2021

Prisoner Signature: Scott Sevare Date: 7/8/2021

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER

[View Details](#) | [Edit](#) | [Delete](#)

—

An appointment has been scheduled for you on: _____ Date: _____

Signature: _____ **Title:** _____ **Provider #:** _____ **Date:** _____

F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

- ◆ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)

- ♦ for injuries that are work-related as documented by the prisoner's work supervisor

- ◆ requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- ◆ requested for evaluation, consultation, or treatment of a mental health need

- ◆ prompted by a medical emergency (see Section I of the policy, if self-inflicted)

I have reviewed the visit of _____ and certify none of these exceptions apply.

Signature: _____ **Title:** _____ **Provider #:** _____ **Date:** _____

4835-7549

CHJ-549 11/05

MICHIGAN DEPARTMENT OF CORRECTIONS-Bureau of Health Care

HEALTH CARE REQUEST

URGENT

PRISONER: COMPLETE SECTIONS A THROUGH D

NAME: Scott Sedore	FACILITY: JCF	
NUMBER: 2106601	LOCK: B-1	DATE: 7/11/2021

B. This Health Care Request is for the following (check one or more): Health Record Copies
 Dental Medication Refill Medical Optometry Mental Health Non-urgent
 Urgent

C. I have the following problems/symptoms: *my symptoms have progressed, just as my pain and suffering has progressed since the start of this "ongoing" issue and it has not stopped yet. This started affecting me close to 2 weeks ago now. I have not been able to "hear" out of my right ear almost the entire time. I have experienced Hearing Loss, pain in my ear, jaw, head, neck/throat on my right side; I have sent kites on 7/3, 7/5, 7/6,*

D. NOTICE TO PRISONER and 7/8/2021! I am now, for the last "3" days, been

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

having pounding head-ach's at some point thru-out the day, everyday. Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

Something is wrong, I had officer work(B-unit) call and speak w/nurse's on

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

7/11/2021, I spoke directly w/nurse and he said I was in the

Prisoner Signature: **Scott Sedore** Date: **7/11/2021**

BITES on 7/8/2021, I	PRISONER: DO NOT WRITE BELOW THIS LINE	still never received
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E. INSTRUCTIONS TO PRISONER *any medical assessment, exam, treatment from anybody in JCF Health Services. This has caused me pain and affected almost every aspect of my daily and night life. I need to see a Doctor. I've been treated as a nuisance. I have begged and pleaded for human treatment. This is "negligation" as far as I'm concerned. Please help me!*

An appointment has been scheduled for you on:

Date: *before my hearing is gone for good!*

Signature: _____ Title: _____ Provider #: _____ Date: _____

F. COPAYMENT (to be filled out by health care): *I'm not so sure I will get my hearing back now!*

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:

- ◆ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening and required follow-up care) *I was called to JCF Health Services on 7/8/2021 for a "nasal swab"; mistakenly. That is when I spoke to nurses*
- ◆ for injuries that are work-related as documented by the prisoner's work supervisor
- ◆ requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- ◆ requested for evaluation, consultation, or treatment of a mental health need
- ◆ prompted by a medical emergency (see Section I of the policy, if self-inflicted)

I have reviewed the visit of _____ and certify none of these exceptions apply. *In person, in person*

Signature: _____ Title: _____ Provider #: _____ Date: _____

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

denied any intervention and assessment, that date deserts me please!

Michigan Department of Corrections

Kite Response

Offender #: 0210661 Offender Name: SEDORE, SCOTT LEE

Location: JCF - G. ROBERT COTTON CORRECTIONAL

Lock: B:01:Bot:L

Discipline: Medical

Received Date: 07/11/2021

Initiated Date: 07/11/2021

Taken By: Stricklin, Brian [BS14] RN

Request Type: Medical Question

Request Summary: Hearing issue in right ear. Pain in ear, jaw, throat and neck.

Plan/Action: Nurse visit scheduled.

Comments:

"JCF"- Nursing Supervisor

(*) I requested "urgent/emergent" Healthcare treatment/services, according to M.D.O.C. - P003,04,100 !

- A Nurse visit is "Routine" Healthcare treatment/services .
- It is sick call.

"Exhibit #3"

"Sworn Affidavit"

I swear under Penalty of Perjury that the following observation's, claim's, statement's are Accurate and truthful account of events /incident's related to mr sedore's attempt's to receive medical treatment related to his ear, Jaw, Neck/Throat, Head!

- ① I directly observed /mr sedore write Healthcare requests ("kites") on 7/3/2021, 7/5/2021(2), 7/6/2021(2), 7/8/2021 and place them in the "JCF" Healthcare "Kite" Box in the "JCF" chowhall. This is the only Healthcare "Kite" Box at "JCF." It is a secure /locked Box, only Healthcare staff have a "key" to Access and empty this Box.
- ② As mr sedore's "Aide" I am present with him at all healthcare services app't's! I also assist mr sedore with most daily living need's and communication between staff when needed.
 - A) on 7/7/2021 - I spoke directly to officer Mask, asking him to contact "JCF" Healthcare services staff related to mr sedore's "ongoing" pain and complication's related to his ear, Jaw, neck/Throat, Head. officer Mask communicated with me concerning what Healthcare staff replied.
 - B) on 7/8/2021 - I was present in the "JCF" Healthcare services - Nurse station when Mr Sedore was communicating with Nurse Landis and Nurse Roach about his "ongoing" pain and complication's about this issue.

* - I swear under Penalty of Perjury that all aforementioned observation's, claim's, statement's are accurate and truthful.

Date: 7/9/2021

printed Name: Khalil Chahine
signed Name: Khalil Chahine

"Exhibit #4""Sworn Affidavit"8/20/2021

I swear under Penalty of Perjury that Any/All claims and statements made by me in this "Sworn Affidavit" are Accurate and truthful.

- 1) on 8/16/2021 , After mail was passed out in my Housing unit, I gave B-unit counselor /Anus - ms moore a completed disbursement form, made out to "U.S. postage" - to send out to step #3 Appeal - grievance # JCF/2107/1127/12E1 . I gave my counselor /Anus - ms. moore a letter envelope that contained my step#3 grievance appeal. This letter was addressed to Director's office - P.O. Box 30003- Lansing, Michigan - 48909. I gave the completed disbursement form and the Step#3 grievance Appeal to counselor moore on 8/16/2021,
- 2) The step#2 Appeal "Due Date" for step #2 response was 8/16/2021. I did not receive any step#2 response on or by 8/16/2021 - so according to M.O.O.C. - PD 03.02.130 , I sent this grievance to step #3 Appeal.
- 3) on 8/17/2021 , when mail was passed out in my Housing unit (B-unit), I received a "notice" from the "JCF" grievance coordinator regarding "Grievance Investigation Delay Letter", where the grievance coordinator granted the step#1 grievance respondent for (#JCF/2107/1127/12E1) the grievance in question - An extension to respond to my step#1 grievance. The "new" Due Date for step#1 response changed from 8/16/21 to 8/30/21. The problem is that I didn't receive this notice until 8/17/21 , The day after the step#1 Due Date, 8/16/21. I had already sent the grievance to step#3 Appeal, late 8/16/2021.
- 4) This grievance was sent out from the "JCF" mail room on 8/17/2021. My Account was charged \$,51 postage on 8/17/21 for sending this grievance to step#3 Appeal. I never received any receipt for my "disbursement form" that I used to pay postage. I swear under penalty of perjury Any/All statements above are accurate and truthful.

(8/20/2021) Scott Sedore #210660
Scott Sedore #210660

"Exhibit #5"
**MICHIGAN DEPARTMENT OF CORRECTIONS
DISBURSEMENT AUTHORIZATION/CATALOG ORDER FORM**
CAR-100
4835-1100
10/08

Prisoner's write clearly-illegible/incomplete forms will not be processed.

Date: 8/16/2021Prisoner Number: 210661 Prisoner's Last Name: Sedore Institution: "JCF"-cotton Lock Number: B-1

Pay To: M.D.O.C. - U.S. Postage
 Address: Director's office - P.O. Box 30003
Lansing, Michigan - 48909 Cost/Amount \$.51

 Reason/Description: (If to relative, identify relationship) Step #3 grievance Appeal - Identifier # JCF/2107/1127/12E1
COMPLETE THIS PORTION FOR CATALOG ORDERS ONLY

Page No.	Description of Item	Unit	Catalog Number	Color	Size	Qty	Unit Price	Total Price
—	<u>Step #3 grievance Appeal</u>	—	—	—	—	1-	\$	\$
(①)	<u>Identifier #</u>						<u>Envelope</u>	
	<u>JCF/2107/1127/12E1</u>							

Sub-Total	\$	_____
Delivery Costs	\$	_____
Tax (if applicable)	\$	_____
Total Amount Enclosed	\$	_____

 Scott Sedore 8/16/21 Deputy Warden or Authorized Agent Date
 Prisoner's Signature Date

 P.C. Moore 8/16/21 Deputy Warden or Authorized Agent Date
 R.U.M. or Authorized Agent Date

Code Actual Expense Batch Number

jPay Tell your friends and family to visit www.jpay.com to write letters and send money!

ID#: 210661
INSTITUTION: JCF Name: SEDORE,SCOTT HOUSING UNIT: B01BOTL
DATE: 8/18/2021 4:59:59 PM

Date	Description	Doc #	Credit	Debit
8/19/2021	COMMISSARY SALE			\$19.35
8/19/2021	KIOSK REQUEST			\$100.00
8/17/2021	STAMPS (postage for grievance # JCF/2107/1127/12E1) <u>sent to step #3 Appeal</u>			\$0.51
8/15/2021	REGULAR COPIES DISBURSEMENT			\$6.00
8/14/2021	REGULAR COPIES DISBURSEMENT			\$2.70
8/11/2021	FOIA REQUEST			\$1.50
8/5/2021	COMMISSARY SALE			\$44.19
8/2/2021	GTL			\$200.00
7/28/2021	COMMISSARY SALE			\$1.11
7/28/2021	REGULAR COPIES DISBURSEMENT			\$21.90
7/22/2021	COMMISSARY SALE			\$27.48
7/22/2021	VENDOR REFUND			\$66.28
7/22/2021	STAMPS			\$0.51
7/21/2021	REGULAR COPIES DISBURSEMENT			\$0.40
7/21/2021	FOIA REQUEST			\$3.00
7/20/2021	REGULAR COPIES DISBURSEMENT			\$42.60
7/15/2021	STAMPS			\$8.55

jPay Tell your friends and family to visit www.jpay.com to write letters and send money!

7/8/2021 COMMISSARY SALE

\$77.78

"Exhibit #6""Sworn Affidavit"8/31/2021

I swear under Penalty of Perjury that Any/All of the following statements are accurate and Truthful.

- 1) on 8/17/2021 - I received an notice of "Grievance Investigation Delay Letter" for grievance # JCF/2107/1127/12E1 at step#2 Appeal.
- 2) This granted grievance - step#2 Appeal respondent an extension of Step#2 Appeal Response "Due Date" from 8/16/2021 too 8/30/2021.
- 3) on 8/31/2021, I sent my grievance - step#3 Appeal to the M.O.I.C., "Director's office" according to M.O.I.C.-P003,02,130, After the 8/30/2021 - Step#2 Appeal Response "Due Date", I also sent a copy on 8/19/2021, prior to receiving the notice of "Grievance Investigation Delay Letter".
- 4) I placed the step#3 grievance Appeal in a "stamped Envelope" and then sealed it and placed it in the B-unit ("JCF") U.S. mail mail Box. This Box has a "LOCK" on it, only M.O.I.C. staff have a "KEY" to Access the contents of this Box.
- 5) I placed the letter in the B-unit "mail Box" on 8/31/2021 prior to it being emptied and processed for outgoing mail on 8/31/2021. The letter should have been processed and sent from my facility (G. Robert Cotton corr. facility) - "JCF" on or around 8/31/2021.

I swear under Penalty of Perjury that any /all statements and claims in this "sworn Affidavit" are accurate and truthful.

Printed name: Scott Sedore #210661
Signed name: Scott Sedore #210661

Date: 8/31/2021



Scott Sedore #210661
G. Robert Cotton Correctional Facility
3500 North Elm Road
Jackson, Michigan
49201

RECEIVED
DEC 02 2021
CLERKS OFFICE
U.S. DISTRICT COURT

U.S. District Court

Attn: Clerk of the Court

231 Lafayette Boulevard
Detroit, Michigan

48226

MICHIGAN
DETROIT NO. 2 QEW
Metroparks MI 480 ZEP
2021 NOV 24 PM